

POSITION

INITIALS

ID NO.

DATE

**FEE DETERMINATION**

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

**INDEX OF CLAIMS**

|   |                                |   |              |
|---|--------------------------------|---|--------------|
| ✓ | Rejected                       | N | Non-elected  |
| = | Allowed                        | I | Interference |
| - | (Through numeral) ... Canceled | A | Appeal       |
| ↑ | Restricted                     | O | Objected     |

| Claim | Date     | Claim | Date     | Claim | Date     |
|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original |
| 1     |          | 51    |          | 101   |          |
| 2     |          | 52    |          | 102   |          |
| 3     |          | 53    |          | 103   |          |
| 4     |          | 54    |          | 104   |          |
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| 12    |          | 62    |          | 112   |          |
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| 22    |          | 72    |          | 122   |          |
| 23    |          | 73    |          | 123   |          |
| 24    |          | 74    |          | 124   |          |
| 25    |          | 75    |          | 125   |          |
| 26    |          | 76    |          | 126   |          |
| 27    |          | 77    |          | 127   |          |
| 28    |          | 78    |          | 128   |          |
| 29    |          | 79    |          | 129   |          |
| 30    |          | 80    |          | 130   |          |
| 31    |          | 81    |          | 131   |          |
| 32    |          | 82    |          | 132   |          |
| 33    |          | 83    |          | 133   |          |
| 34    |          | 84    |          | 134   |          |
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| 36    |          | 86    |          | 136   |          |
| 37    |          | 87    |          | 137   |          |
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| 39    |          | 89    |          | 139   |          |
| 40    |          | 90    |          | 140   |          |
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| 43    |          | 93    |          | 143   |          |
| 44    |          | 94    |          | 144   |          |
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| 46    |          | 96    |          | 146   |          |
| 47    |          | 97    |          | 147   |          |
| 48    |          | 98    |          | 148   |          |
| 49    |          | 99    |          | 149   |          |
| 50    |          | 100   |          | 150   |          |

If more than 150 claims or 10 actions  
staple additional sheet here

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